

CLAIMS ONLY						Application Number <i>10093506</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
5	1						
6		1					
7			1				
8				1			
9					1		
10	1						
11		1					
12			1				
13				1			
14					1		
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49							
50							
Total Indep							
Total Depend							
Total Claims							